SUD Electronic Information System

Sage Release of Information (ROI) Guide

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Federal regulations related to the disclosure of substance use disorder treatment records were updated with the Final Rule of 42 CFR Part 2. This required Substance Abuse Prevention and Control (SAPC) to revise existing release of information (ROI) forms. To meet the new Final Rule requirements, SAPC created three (3) new ROIs, both in paper version and electronic version available in Sage. These ROIs are broken up into the following types: Payment and Operations, Treatment and Care Coordination, and Legal Proceedings.

The paper versions are available on the SAPC website under the Clinical Tab of the Manuals, Bulletins, and Forms section.

This guide reviews the Sage electronic versions, including descriptions of each field on the forms. All records submitted through Sage are noted with a timestamp and electronic signature of the submitting staff.

ROI for Payment and Operations

The purpose of this consent form is to authorize payment for all services rendered for substance use disorder (SUD) treatment. This consent form permits the release of 42 CFR Part 2 protected SUD health information from SAPC network treatment providers to SAPC, for purposes of payment and other health care operations. This includes a range of activities such as conducting/arranging for auditing services, including fraud and abuse detection, compliance programs, business management and general administrative activities. This consent also authorizes submission and payment to the California Department of Health Care Services (DHCS), Managed Care Plans (MCP), and other third-party payors and the release of all information necessary to submit and process claims.

Only one active ROI for Payment and Operations is permitted within Sage to ensure a clear understanding of a client's authorization. An active record is one that has all required fields completed, contains appropriate signature(s), and has not been revoked.

Note: Without an active ROI for Payment and Operations on file, claims for services rendered cannot be processed.

Field	Description
SECTION: Consent for Payment and Operations	
Purpose of Consent and Disclosure *(Informational only, no data entry fields)*	
I. Client Information	
Client Name (Required)	Prepopulated from Admission (Outpatient) or Update Client Data form.
Date of Birth (Required)	Prepopulated from Admission (Outpatient) or Update Client Data form.
Medi-Cal #	Client Identification Number (CIN) for Medi-Cal benefits. CIN is available on client's Medi-Cal card.
Email Address	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.

Field	Description
Phone Number	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Last 4 Digits of SSN	Enter last four (4) of client's social security number, if applicable.
Adress - Street	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Address - Street 2	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Address - City	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Address - State	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Address Zip Code	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Sage ID # (Required)	Prepopulated. Client's Sage identification number.
II. Entities Authorized to Share Health Information *(Informational only, no data entry fields)*	
III. Other Important Information *(Informational only, no data entry fields)*	
IV. Signature of Client or Legal Representative	
Person Signing- Client or Legal Representative (Required)	Select from one of the following options: • Client • Legal Representative

Field	Description
Name of Client (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name.
Signature (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
Date Signed (Conditionally Required)	Required when response is selected for Person Signing. Enter date signature is obtained, which should be today's date. Note that future dates are not permitted.
If signed by Client's Legal Representative, select relationship and authority to do so: (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Select from one of the following options: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin - Spouse • Next of Kin - Child • Next of Kin - Sibling • Next of Kin - Other • Parent • Power of Attorney • Tribal Representative *Note: Appropriate documentation must be uploaded through Provider File Attach, and the Collateral Contact form should be completed when one of these options is selected.*
Witness Name 1	Enter the full name of the first witness. • Format: last name, first name

Field	Description
	Note: The witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.
Witness Signature 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Enter the full name of the second witness. • Format: last name, first name
Witness Signature 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Authorization Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.
V. Notice to Accompany Disclosures *(Informational only, no data entry fields)*	
SECTION: Revocation of Consent	
VI. Revocation of Consent	
Organization Name (Conditionally Required)	Required when revoking consent. Use search function to enter agency name.
Organization Mailing Address (Conditionally Required)	Required if agency name is entered in the Organization Name field. Use drop-down to select site location / address.
Person Revoking - Client or Legal Representative	Select from the following options: • Client • Legal Representative

Field	Description
Name of Client (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name. • Format: last name, first name
Signature (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
Date Signed (Conditionally Required)	Required when response is selected for Person Signing. Enter date signature is obtained, which should be today's date. Note that future dates are not permitted.
If signed by Client's Legal Representative, select relationship and authority to do so: (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Select from one of the following options: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin - Spouse • Next of Kin - Child • Next of Kin - Sibling • Next of Kin - Other • Parent • Power of Attorney • Tribal Representative *Note: Appropriate documentation must be uploaded through Provider File Attach, and the Collateral Contact form should be completed when one of these options is selected.*
Witness Name 1	Enter the full name of the first witness. • Format: last name, first name

Field	Description
	Note: the witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.
Witness Signature 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Enter the full name of the second witness. • Format: last name, first name
Witness Signature 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Revocation Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.

ROI for Treatment and Care Coordination

This purpose of this consent form is to give written permission for the release and exchange of a client's health information, including information protected under **42 CFR Part 2-Final Rule** (substance use disorder information) between a client's current, past, and future treating providers within the SAPC Provider Network, and to the outside entity(ies) or individual(s) specified in this consent form at the request of a client or client's legal representative for the purpose of the client's treatment and care coordination.

Only one active ROI for Treatment and Care Coordination is permitted within Sage to ensure a clear understanding of a client's authorization. An active record is one that has identified SAPC agencies and/or outside entities for disclosure with the appropriate signatures. If an edit needs to be made, the existing ROI must be revoked and a new record created. Similar to the Problem List/Treatment Plan form, the outside entities section of the ROI will default from the last entry to reduce duplicative documentation.

Field	Description
SECTION: ROI for Treatment and Care Coordination I. Client Information	
Treating Substance Use Provider Agency	Prepopulated with user's logged in Agency information.
Authorization Category (Required)	This indicates if the client authorizes disclosures exclusively within SAPC provider, exclusively outside entities, or both. Values: • Within SAPC's Provider Network • Outside SAPC's Provider Network
Client Name (Required)	Prepopulated from Admission (Outpatient) or Update Client Data form.
Date of Birth (Required)	Prepopulated from Admission (Outpatient) or Update Client Data form.
Medi-Cal #	Client Identification Number (CIN) for Medi-Cal benefits. CIN is available on client's Medi-Cal card.
Email Address	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Phone Number	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Last 4 Digits of SSN	Enter the last 4 digits of Social Security Number, if applicable.
Client Address	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Client Address - Street 2	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Client's Address - City	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.

Field	Description
Client's Address - State	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Client's Address Zip Code	Prepopulated from Admission (Outpatient) or Update Client Data form, if available.
Sage ID # (Required)	Prepopulated. Client's Sage identification number.
II. Entities Authorized to Share Health Information	
Authorize SAPC's Entire Provider Network (Conditionally required)	Conditionally required if "Within SAPC's Provider Network" was checked in the Authorization Category field. • Yes: Allows disclosures to any SAPC Network provider • No: Client wants to limit the specific agencies who may receive records.
Authorize Select SAPC Provider Agency(ies) (Conditionally required)	Conditionally required if "No" was selected in the Authorize SAPC's Entire Provider Network field. • Select applicable agencies. If "All" is selected, users should return the previous field and select "Yes" to disclose to all agencies.
Outside SAPC's Provider Network AND SECTION: Additional Outside Entries	
There are up to 10 entries that can be made in the Outside SAPC's Provider Network and Additional Outside Entries portions of the form.	
Entity Name (Conditionally required)	This section will be conditionally required if, "Outside SAPC's Provider Network" was checked in the Authorization Category field. **Note: information from this section of the form will default to the next record created to reduce having to manually re-enter information. If the defaulted entities are no longer authorized, they may be deleted.*

Field	Description
	If this section defaulted on a new record, but only "Within SAPC's Provider Network" is selected, all Outside Entries will be cleared.
Address (Conditionally required)	Either an Address or Phone number is required in addition to the Entity Name. Enter a complete address if applicable.
Phone # (Conditionally required)	Either an Address or Phone number are required in addition to the Entity Name. Enter a phone number if applicable.
Email	Enter a contact email for the outside entity. ***Note Protected Health Information (PHI) must be encrypted if transmitting data via email.***
Fax #	Enter Fax # if applicable.
Website	Enter the entity's website if applicable.
SECTION: Scope of Disclosure III. Scope of Disclosure	
Records for Disclosure (Required)	Values • My entire health record: grants authorization to release the client's full record. • Other: generates a conditionally required field so the client may specify the limitations of documents to be released.
Other Specify (Conditionally Required)	This field is conditionally required based on the previous question. Clients may specify which type of documents they authorize for release including but not limited to Progress Notes, Problem Lists, Diagnosis, etc.
IV. Other Important Information *(Informational only, no data entry fields)*	

Field	Description
V. Signature of Client or Legal Representative	
Person Signing- Client or Legal Representative (Required)	Select from the following options: • Client • Legal Representative
Client Name (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name. • Format: last name, first name
Signature (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
Date Signed (Conditionally Required)	Required when response is selected for Person Signing. Enter date signature is obtained, which should be today's date. Note that future dates are not permitted.
If signed by Client's Legal Representative, select relationship and authority to do so: (Conditionally Required)	Select from one of the following options: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin - Spouse • Next of Kin - Child • Next of Kin - Sibling • Next of Kin - Other • Parent • Power of Attorney • Tribal Representative

Field	Description
	**Note: Appropriate documentation must be uploaded through Provider File Attach and the Collateral Contact form should be completed when one of these options is selected.*
Witness Name 1	Enter the full name of the first witness. • Format: last name, first name *Note: the witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.*
Witness Signature 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Enter the full name of the second witness. • Format: last name, first name
Witness Signature 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Authorization Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.
VI. Notice to Accompany Disclosures *((Informational only, no data entry fields)*	
SECTION: Revocation of Consent VII. Revocation of Consent	
Organization Name	Agency name.
Organization Address	Program's address.
Person Revoking- Client or Legal Representative	Select from the following options: • Client

Field	Description
	• Legal Representative
Client Name (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name. • Format: last name, first name
Signature (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
Date Signed (Conditionally Required)	Required when response is selected for Person Signing. Enter date signature is obtained, which should be today's date. Note that future dates are not permitted.
If signed by Client's Legal Representative, select relationship and authority to do so: (Conditionally Required)	Select from one of the following options: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin - Spouse • Next of Kin - Child • Next of Kin - Sibling • Next of Kin - Other • Parent • Power of Attorney • Tribal Representative **Note: Appropriate documentation must be uploaded through Provider File Attach and the Collateral Contact form should be completed when one of these options is selected.*
Witness Name 1	Enter the full name of the first witness. • Format: last name, first name

Field	Description
	Note: the witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.
Witness Signature 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 Enter the full name of the second witness. Format: last name, first name
Witness Signature 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Revocation Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.

ROI for Legal Proceedings

The purpose of this consent form is to give written permission for the release and exchange of health information, including information protected under **42 CFR Part 2** (substance use disorder information) to be used in criminal, civil, legislative, or administrative proceeding(s) and is limited to said legal proceeding(s) specified on this consent form. By completing this consent for uses and disclosures form, clients are consenting to the release of protected SUD health information for the purpose of legal proceedings as specified.

Types of legal proceeding(s):

- Criminal
- Civil
- Legislative
- Administrative

A client may have more than one consent for one type of legal proceedings, i.e., two (2) criminal cases at the same time would warrant two (2) Criminal proceeding ROI for Legal Proceeding

forms. However, if feasible and appropriate, more than one case may be entered on the same ROI form, if the release is for the same type of legal proceeding with the same disclosing and receiving entities.

In the instance, the ROI is no longer necessary or per client's decision, the ROI may be revoked and will no longer be active.

For SUD information, the purpose of consent and disclosure must be specific and consistent with **42 CFR Part 2-Final Rule** requirements and all applicable Federal and State laws. Authorization is voluntary and clients may refuse to sign.

Field	Description
Consent for Use and Disclosures of Substance Use Disorder Health Information for Legal Proceedings	
Treating Substance Use Provider Agency	Prepopulated with user's logged in Agency information.
Select the type of legal proceeding(s) you authorize for the use and disclosure of your SUD health information. (Required)	Select from drop-down menu the type of legal proceeding: • Administrative • Civil • Criminal • Legislative
If available, specify additional information (i.e., case number) related to the legal proceeding(s) for which you authorize the use and disclosure of your SUD health information.	Free text entry to document additional and relevant information to the release of information, such as case number.
SECTION: Client Information I. Client Information	
Name (Last, First, and Middle) (Required)	Prepopulated from Admission (Outpatient) or Update Client Data forms.

Field	Description
Date of Birth (Required)	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Medi-Cal #	Client Identification Number (CIN) for Medi-Cal benefits. CIN is available on client's Medi-Cal card.
Email Address	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Phone Number	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Last 4 Digits of SSN	Enter the last 4 digits of Social Security Number, if applicable.
Address Street	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Sage ID #	Prepopulated. Client's Sage identification number.
Address – Street 2	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Address City	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Address State	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Address Zip Code	Prepopulated from Admission (Outpatient) or Update Client Data forms.
Section II. Entities Authorized to Share Health Information	
Informational section regarding authorization. No form field entry required. There are up to 5 entries that can be made in the Outside SAPC's Provider Network and Additional Outside Entries portions of the form.	
Entity Name 1-5 (Required)	Free text field to enter Entity Name.

Field	Description
Entity Address 1 - 5 (Required)	Free text field to enter agency address.
Entity Phone 1- 5 (Required)	Free text field to enter agency phone number.
Entity Fax 1- 5	Free text field to enter agency fax number.
Entity Email 1- 5	Free text field to enter agency email address.
Entity Website 1	Free text field to enter agency website.
III. Scope of Disclosure	
Scope of Disclosure (Required)	Values • My entire health record: grants authorization to release the client's full record. • Other: generates a conditionally required field so the client may specify the limitations of documents to be released.
Scope of Disclosure (Conditionally Required)	Free text field which will be used when the "Other" option is chosen for Scope of Disclosure. *Note: Specify the information being authorized for use and disclosure.*
IV. Other Important Information (Informational, no form field entry required)	
V. Signature of Client or Legal Representative	
Proceedings Person Signing – Client or Legal Representative (Required)	Select from the following options: • Client • Legal Representative

Field	Description
Client Name (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name. • Format: last name, first name
Signature of Client or Client's Legal Representative (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
Date of Signature (Conditionally Required)	Date the document is signed. Note that future dates are not permitted. Required, however, will become enabled after either Client or Legal Representative is selected from the drop-down menu.
If signed by Client Legal Representative, state relationship and authority to do so: (Conditionally Required)	When Client Legal Representative is selected, the following will be enabled to state relationship and authority to sign the document: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin – Spouse • Next of Kin – Child • Next of Kin – Sibling • Next of Kin – Other • Parent • Power of Attorney • Tribal Representative **Note: Appropriate documentation must be uploaded through Provider File Attach and the Collateral Contact form should be completed when one of these options is selected.*
Witness Name – 1	Enter the full name of the first witness.

Field	Description
	• Format: last name, first name *Note: the witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.*
Witness Signature – 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name – 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1. Enter the full name of the second witness. Format: last name, first name
Witness Signature – 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Authorization Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.
VI. Notice to Accompany Disclosures (Informational, no form field entry required)	
VII. Revocation of Consent	
Organization Name (Conditionally Required)	Agency name.
Revoke SUD Address (Conditionally Required)	Program's address.
Revocation Person Signing - Client or Legal Representative (Required)	Single select dictionary indicating who is signing the document, "Client" or "Legal Representative."

Field	Description
Client Name (Conditionally Required)	Required if "Client" is selected for Person Signing. Name is prepopulated from Admission (Outpatient) form or Update Client Data.
Name of Legal Representative (Conditionally Required)	Required if "Legal Representative" is selected for Person Signing. Enter the legal representative's full name. • Format: last name, first name
Signature (Conditionally Required)	Required when response is selected for Person Signing. Click "Get Signature" to capture the signature of the individual signing the form.
If signed by Client Legal Representative, state relationship and authority to do so: (Conditionally Required)	When Client Legal Representative is selected, the following will be enabled to state relationship and authority to sign the document.: • Caregiver Affidavit • Conservator • Executor of Estate (if client deceased) • Legal Guardian • Next of Kin – Spouse • Next of Kin – Child • Next of Kin – Sibling • Next of Kin – Other • Parent • Power of Attorney • Tribal Representative **Note: Appropriate documentation must be uploaded through Provider File Attach and the Collateral Contact form should be completed when one of these options is selected.*
Date of Signature (Conditionally Required)	Date the document is signed. Note that future dates are not permitted. Required, however, will become enabled after either Client or Legal Representative is selected from the drop-down menu.
Witness Name 1	Enter the full name of the first witness.

Field	Description
	• Format: last name, first name *Note: the witness signature fields are only needed if the client cannot write and has provided a mark, such as an "X" as their signature.*
Witness Signature 1 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the first witness signature.
Witness Name 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 Enter the full name of the second witness. • Format: last name, first name
Witness Signature 2 (Conditionally Required)	Required if a name is entered in the Witness Name 1 field. Click "Get Signature" to capture the second witness signature.
Revocation Complete	This field is disabled for user selection. It is included for form functionality that will prevent editing to all previous sections once submitted.

Viewing Submitted ROIs

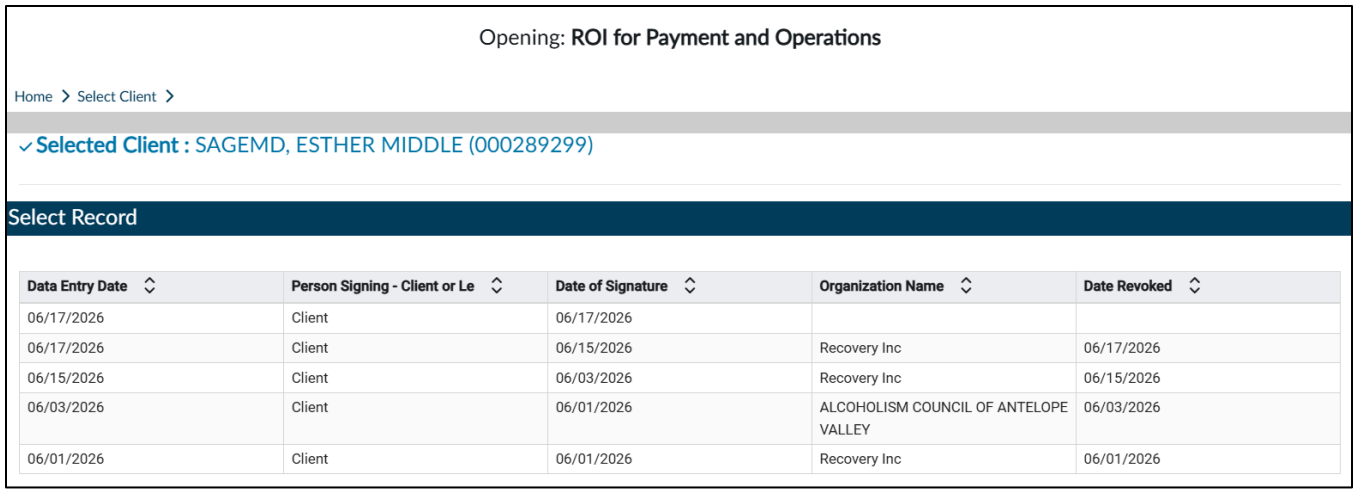
There are three (3) ways to view Sage ROI records.

1. Open the form.
2. All Doc/Chart View.
3. Respective Printouts.

View through Form

Once records are submitted, each of the ROIs has a pre-display with a listing of records, with the most recent submission listed at the top.

ROI for Payment and Operations



Opening: **ROI for Payment and Operations**

Home > Select Client >

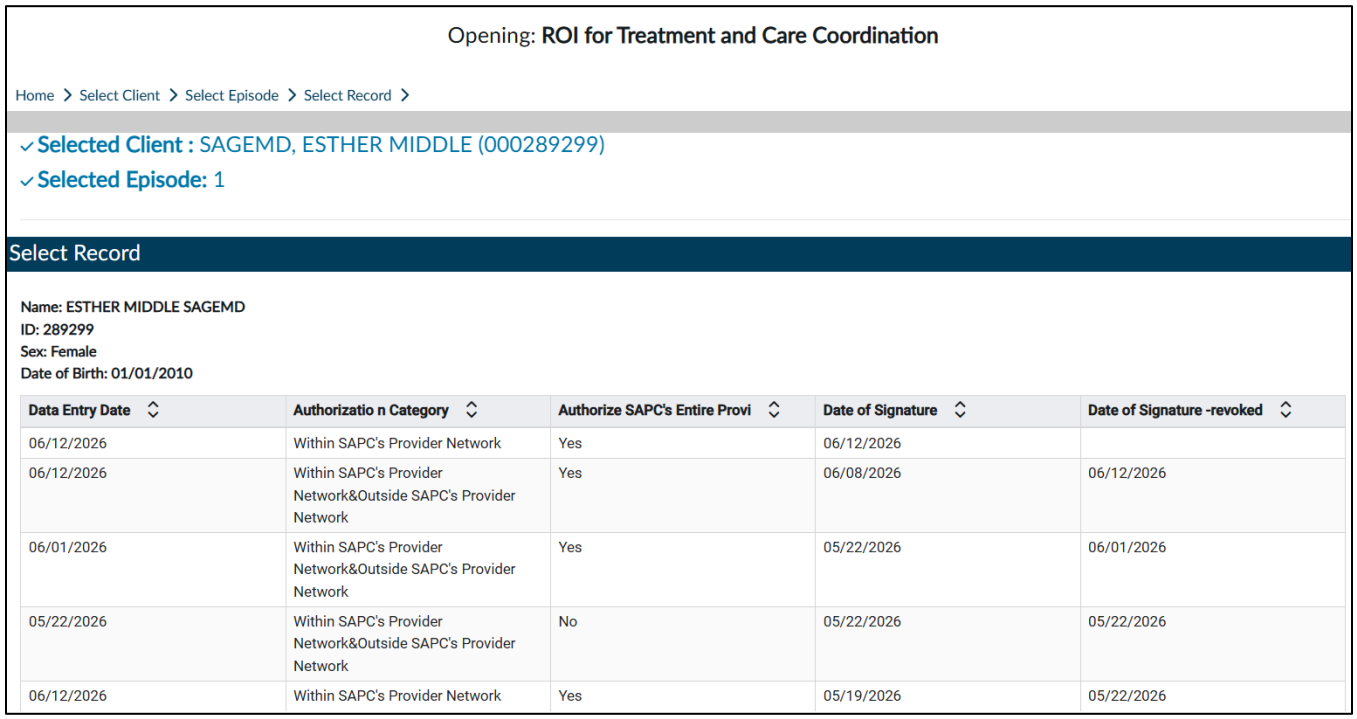
✓ **Selected Client :** SAGEMD, ESTHER MIDDLE (000289299)

Select Record

Data Entry Date	Person Signing - Client or Le	Date of Signature	Organization Name	Date Revoked
06/17/2026	Client	06/17/2026		
06/17/2026	Client	06/15/2026	Recovery Inc	06/17/2026
06/15/2026	Client	06/03/2026	Recovery Inc	06/15/2026
06/03/2026	Client	06/01/2026	ALCOHOLISM COUNCIL OF ANTELOPE VALLEY	06/03/2026
06/01/2026	Client	06/01/2026	Recovery Inc	06/01/2026

The Organization Name and Date Revoked columns will only populate if the ROI was revoked. If there is a row and those two fields are blank, as noted in the image above, then there is an active record on file.

ROI for Treatment and Care Coordination



Opening: **ROI for Treatment and Care Coordination**

Home > Select Client > Select Episode > Select Record >

✓ **Selected Client :** SAGEMD, ESTHER MIDDLE (000289299)

✓ **Selected Episode:** 1

Select Record

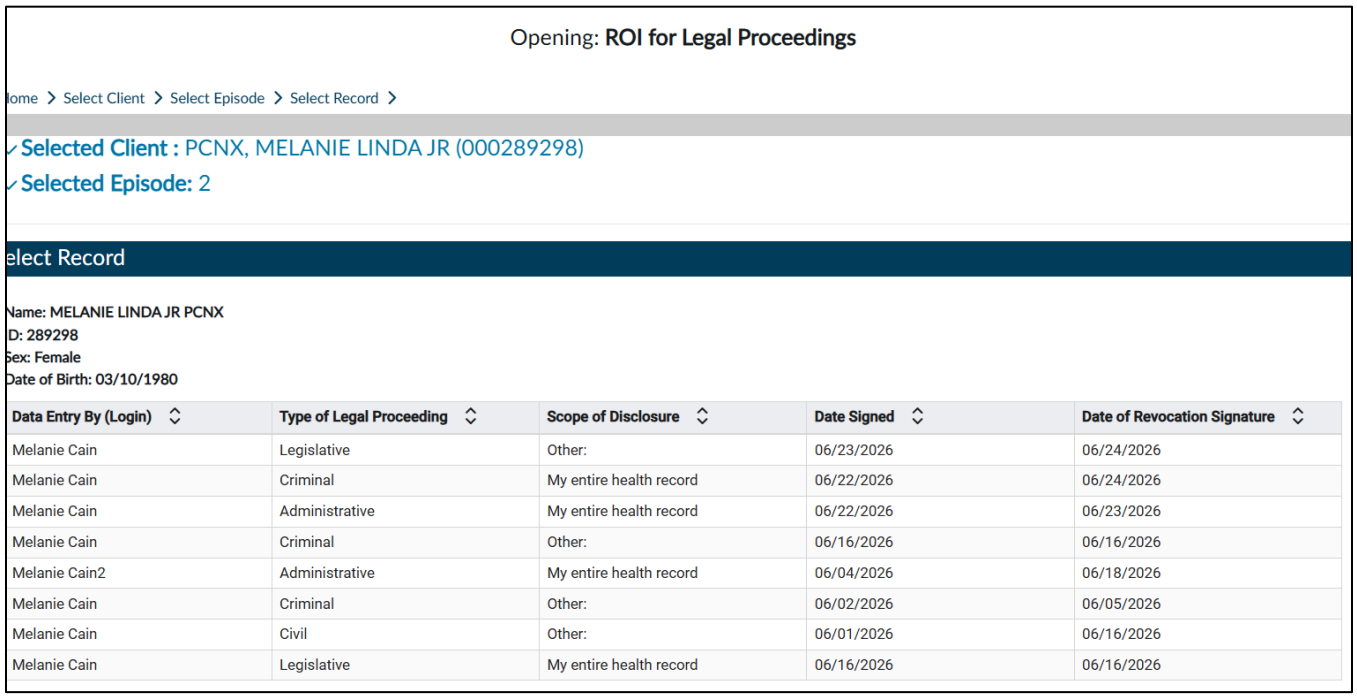
Name: ESTHER MIDDLE SAGEMD
ID: 289299
Sex: Female
Date of Birth: 01/01/2010

Data Entry Date	Authorizatio n Category	Authorize SAPC's Entire Provi	Date of Signature	Date of Signature -revoked
06/12/2026	Within SAPC's Provider Network	Yes	06/12/2026	
06/12/2026	Within SAPC's Provider Network&Outside SAPC's Provider Network	Yes	06/08/2026	06/12/2026
06/01/2026	Within SAPC's Provider Network&Outside SAPC's Provider Network	Yes	05/22/2026	06/01/2026
05/22/2026	Within SAPC's Provider Network&Outside SAPC's Provider Network	No	05/22/2026	05/22/2026
06/12/2026	Within SAPC's Provider Network	Yes	05/19/2026	05/22/2026

As two signatures may be captured with the ROI for Treatment and Care Coordination, this is ordered by the "Date of Signature." This field corresponds with the authorization for disclosure of

information. As there can only be one active ROI for Treatment and Care Coordination on file, if the "Date of Signature -revoked" is blank there is an active record on file, otherwise there is no active record on file.

ROI for Legal Proceedings



Opening: **ROI for Legal Proceedings**

lome > Select Client > Select Episode > Select Record >

✓ **Selected Client :** PCNX, MELANIE LINDA JR (000289298)

✓ **Selected Episode:** 2

elect Record

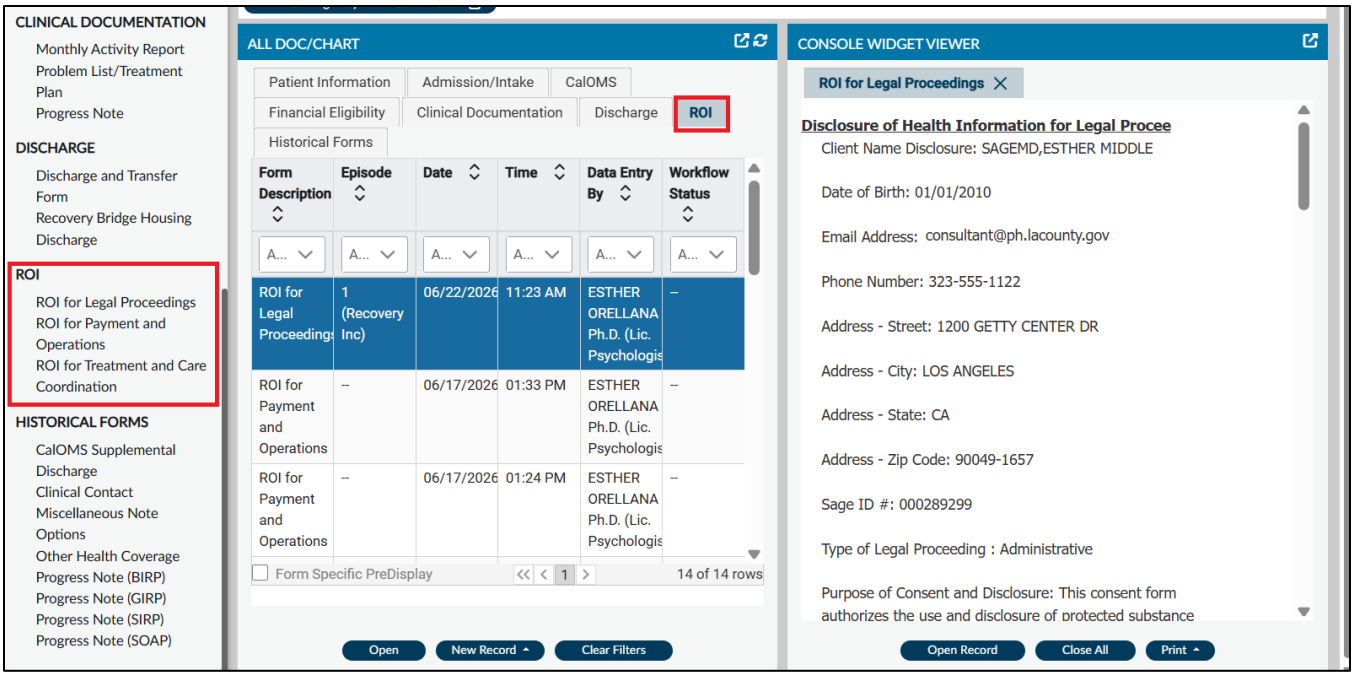
Name: MELANIE LINDA JR PCNX
D: 289298
Sex: Female
Date of Birth: 03/10/1980

Data Entry By (Login)	Type of Legal Proceeding	Scope of Disclosure	Date Signed	Date of Revocation Signature
Melanie Cain	Legislative	Other:	06/23/2026	06/24/2026
Melanie Cain	Criminal	My entire health record	06/22/2026	06/24/2026
Melanie Cain	Administrative	My entire health record	06/22/2026	06/23/2026
Melanie Cain	Criminal	Other:	06/16/2026	06/16/2026
Melanie Cain2	Administrative	My entire health record	06/04/2026	06/18/2026
Melanie Cain	Criminal	Other:	06/02/2026	06/05/2026
Melanie Cain	Civil	Other:	06/01/2026	06/16/2026
Melanie Cain	Legislative	My entire health record	06/16/2026	06/16/2026

Unlike the other ROIs, the ROI for Legal Proceedings may have multiple active records at a time. If the "Date of Revocation Signature" column is blank, then the record is active. Since multiple records of the same Legal Proceeding may be present, it is recommended the record(s) is viewed to verify who are the authorized entities prior to disclosure.

View through All Doc/Chart View

A new section was added to the All Doc/Chart View grouping the new ROIs together. Records for all three forms can be viewed from here, including opening existing records or creating new records.



Users will notice that the Console Widget Viewer will show the entries made on the form, however descriptive paragraphs such as the Notice to Accompany Disclosures are incomplete. This is a system limitation at this time; therefore, **users should NOT print** from the Console Widget Viewer to use as a signed copy of the ROI.

View through Printout

Each of the ROIs has a respective Printout report that captures the signature of the client/legal representative and the electronic signature and timestamp of the staff submitting the form. Since the ROI for Payment and Operations is non-episodic there is only a patient name parameter. The ROI for Treatment and Care Coordination along with The ROI for Legal Proceedings allow for the inclusion of Start and End Dates when generating the printout.

The end of each record will have two fields, Authorization Submission and Revocation Submission.

Authorization Submission: Cespedes-Knadle,Yolanda, NP	**Date/Time:** 06/16/2026; 11:49 AM
Revocation Submission: Tester,Provider, LCSW	**Date/Time:** 06/16/2026; 11:54 AM

Each submission will note the staff name along with their credentials as configured in Sage. If the ROI has not been revoked then the Revocation Submission will note “No Entry.”

Authorization Submission: Orellana,Esther, Ph.D. (Lic. Psychologist)	**Date/Time:** 06/16/2026; 09:30 AM
Revocation Submission: No Entry	**Date/Time:** No Entry